Performance

Report

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| Name of service: | Harden Grange |
| Service address: | 78 Swift Street Harden NSW 2587 |
| Commission ID: | 0068 |
| Approved provider: | Apollo Care Operations Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 16 August 2023 to 18 August 2023 |
| Performance report date: | 13 September 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Harden Grange (**the service**) has been prepared by J. Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted from 16 August 2023 to 18 August 2023. The site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they were treated with dignity and respect and staff were observed treating consumers respectfully, including using their preferred names. Care documentation reflected individual preferences and staff were guided by care principles to optimise consumer choice.

Consumers provided positive feedback regarding acknowledgement of their cultures, values and diversity. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly. Care documentation reflected consumers’ cultural background and staff were guided by a diversity policy.

Consumers and representatives said they were supported to make choices regarding consumers’ care and services, including those involved. Staff described supporting consumers to maintain familial relationships through phone contact and visits. Care documentation reflected assessments capturing consumers’ important relationships used to inform care delivery.

Consumers said they were supported to take risks to enable them to live their best lives. Staff described undertaking risk assessments in collaboration with consumers, ensuring an understanding of associated benefits and potential harms. Documentation evidenced appropriate risk assessments and agreements with relevant consumers and staff were guided by policies and procedures.

Consumers said they received timely information that enabled choice regarding meals and activities. Staff described providing information to consumers and representatives over the phone, during meetings and through noticeboards. Meeting minutes evidenced current information provided to consumers and representatives regarding meals, maintenance and feedback processes.

Consumers said their privacy was respected and their personal information treated confidentially. Staff described sharing consumer information only with those involved in the consumer’s care and safeguarding information within the password protected electronic care management system. Staff were guided by an information privacy policy to ensure safe handling of consumer information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Care documentation showed care assessments were undertaken with consumers upon entry to identify their needs and preferences and to inform care. Management confirmed assessments were reviewed 28 days after entry, or in response to changes, and assessed falls risk, skin integrity, pressure injuries and nutrition. Staff utilised validated assessment tools and referred to clinical guidelines during the assessment processes.

Consumers and representatives confirmed involvement in care planning, including end of life discussions. Management said end of life wishes were discussed upon entry, as requested, or when needs changed. Care documentation evidenced consumers’ needs, goals and preferences, including individualised end of life wishes. Staff were guided by palliative care policies and procedures detailing a collaborative end of life planning approach.

Consumers and representatives confirmed their ongoing participation in assessment and planning of care and services. Staff described consistently working in partnership with consumers and representatives, and care documentation evidenced integrated and coordinated assessment, planning and review involving allied health professionals. Staff were guided by policies and procedures to assess, plan and review consumers’ care and services.

Consumers and representatives confirmed staff regularly discussed their care and services and offered copies of care plans. Staff confirmed updating consumers and representatives regarding care assessment outcomes following care plan development or review. Care documentation reflected changes, updates, staff communications and information sharing with consumers.

Consumers and representatives said they were informed of care and service reviews every 3 months or in response to deterioration or incidents. Staff and care plans confirmed routine and responsive care reviews in consultation with consumers, representatives and allied health professionals. Staff were guided by policies and procedures supporting consumer-centric care.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives provided positive feedback regarding delivery of safe and effective personal and clinical care. Staff were knowledgeable of consumers’ individual needs, including for restrictive practices, skin integrity, and management of pain and medication. Care documentation evidenced appropriately assessed and individualised care planning in consultation with allied health professionals.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff acknowledged the prevalence of pressure injuries, falls, infections, and behaviours and were knowledgeable of consumers susceptible to associated risks and the necessary responsive prevention measures. Care plans reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies.

Consumers and representatives confirmed consumers’ needs, goals and preferences, including end of life wishes had been discussed. Staff were knowledgeable of end-of-life care interventions and the service engaged an external palliative care team to provide specialist support. Staff referenced a palliative care policy outlining physical, emotional, spiritual and social needs of consumers and support for families during and following end of life care.

Staff explained how they identified consumer deterioration and took responsive actions to contact allied health professionals and representatives and facilitate hospital transfer, if required. Care documentation evidenced prompt staff identification of, and response to, changes in consumers’ mobility, behaviour and pain. Staff referred to guidance procedures to identify and escalate consumer deterioration.

Consumers and representatives gave positive feedback regarding staff communicating information about consumers’ condition, needs and preferences. Staff were knowledgeable of consumers’ individual needs and preferences and exchanged consumer information during handovers, clinical meetings and through the electronic care management system. Staff were observed discussing consumer information during shift handovers and recording updated in care plans.

Consumers and representatives confirmed referrals to other care and service providers were timely and appropriate. Staff discussed referral pathways, how they ensured referrals were promptly accepted, and confirmed allied health professionals attended the service routinely or in response to escalated needs. Care documentation showed referrals to various specialists and subsequent input to inform care.

Consumers and representatives provided positive feedback regarding infection control practices. Staff practised antimicrobial stewardship, were guided by a designated Infection Prevention Control Lead, practised hand hygiene, and wore gloves and masks when exposed to infection. Observations confirmed supply of rapid antigen tests and personal protective equipment.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supported their daily living needs, which optimised their quality of life. Staff described how they encouraged consumers to participate in activities to maintain independence, and the availability of activities tailored to consumers’ physical ability and cognition. Care documentation and an activity calendar reflected consumers’ interests and corresponding activities.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described support from visiting religious representatives, services held in the onsite chapel and cultural events. Care documentation evidenced consumers’ religious and spiritual needs and responsive care. Staff were guided by a spiritual care policy detailing support for consumers’ emotional and spiritual well-being.

Consumers said they were supported to participate in activities within the service and community, and to maintain relationships and interests. Staff described support provided by visiting volunteers and approval to acquire a bus to transport consumers to community events. Consumers were observed spending time with visitors and engaging in activities.

Consumers provided positive feedback regarding information being shared among those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, and preferred activities through handovers, progress notes, and care plans. Care documentation contained up-to-date information regarding consumers’ needs and preferences.

Consumers said they were promptly referred to other individuals and organisations who provided care and services. Staff described collaborating with other care and service providers to supplement activities, including hairdressers, musical entertainers and volunteers. Consumers were observed engaging with volunteers and service providers.

Consumers gave positive feedback regarding the quality, quantity and variety of meals. Staff confirmed the menu rotated every 4 weeks and multiple options were available for each meal service. Staff were knowledgeable of consumers’ dietary needs and preferences and food focus meeting minutes evidenced consumers’ suggested improvements for staff action.

Consumers said equipment was clean and well-maintained and staff confirmed adequate supply of mobility equipment which was sanitised following each use. Records evidenced timely completion of preventative and responsive maintenance and equipment was observed to be clean and maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service was comfortable, homely and easy to navigate. The service environment included wayfinding signage, consumer names on their personalised bedroom doors, mobility infrastructure, gardens and colourfully painted walls to assist consumers’ navigation in the memory support unit. Consumers were observed gardening and walking across the surrounds.

Consumers said, and observations confirmed, the service was safe, well-maintained and they could move freely indoors and outdoors. Staff described assisting consumers to mobilise within and outside of the service, if required. Staff were knowledgeable of cleaning and maintenance request processes and records reflected completion of routine and responsive cleaning and maintenance.

Consumers said furniture, fittings and equipment were safe, clean and maintained. Staff described processes to report safety issues and confirmed inspecting equipment to ensure safety. Maintenance records evidenced regular servicing and no outstanding requests. Observations confirmed service tags on mobility equipment and furniture clean and in good condition.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were aware of feedback and complaint processes, but confirmed they preferred to speak to staff in the first instance. Staff discussed how they encouraged feedback and complaints through feedback forms, email, during meetings or by speaking with staff. The consumer handbook described options for providing feedback or making a complaint and feedback boxes were displayed throughout the service.

Consumers and representatives said they were aware of external advocacy services if they wished to escalate a complaint. Management and staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers, if needed. Information regarding advocacy and language services was displayed on posters and included in the consumer handbook.

Consumers and representatives said their complaints were responded to promptly, apologies were given, and actions taken to resolve their concerns. Staff described processes to register, escalate and respond to complaints, including using outcomes to inform continuous improvement. In response to a small proportion of staff being unfamiliar with the principles of open disclosure, management advised additional training would be provided. The service had policies which outlined the principles and appropriate use of open disclosure.

Consumers and representatives gave positive feedback regarding feedback and complaints being used to improve care and services. Management described identifying deficiencies through consumer input and scheduling responsive actions in a plan for continuous improvement. Records showed improvements made in response to consumers’ complaints regarding meals, resulting in engagement of a new chef and positive outcomes for consumers.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives provided positive feedback regarding staffing numbers and care needs being met. Staff confirmed working across sections of the service to ensure sufficient coverage, noting the service had recently opened and recruitment was ongoing. Documentation showed recruitment processes, a fully complemented roster including uninterrupted registered nursing coverage, and a low proportion of agency staff engagement.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were observed addressing consumers by their preferred names, closing doors prior to care delivery and speaking to consumers respectfully. Personnel documentation included the service’s code of conduct signed by staff and setting out expected behaviours and model of care.

Consumers and representatives said staff demonstrated knowledge and competency when performing their roles. Staff and management confirmed receiving clear instructions regarding the duties and key deliverables of their roles to ensure competency. Personnel records confirmed staff were appropriately qualified, vetted and credentialed to undertake their roles, and had met vaccination requirements.

Consumers and representatives said staff were well equipped and trained to perform their roles. Staff confirmed participating in mandatory training including, but not limited to, serious incidents, restrictive practices and infection control. Records evidenced staff completed individualised competency assessments and further training was under development, acknowledging the recent opening of the service.

Staff were knowledgeable of the performance appraisal process scheduled to occur every 6 months. Management confirmed an additional informal appraisal at 30 days post commencement and confirmed the processes would begin in the short-term. Policies and procedures were in place to guide staff and management through the appraisals.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were encouraged to be involved in the development, delivery and evaluation of care and services. Management confirmed feedback and complaints were encouraged to inform the newly commenced service and consumers and representatives were involved through feedback forms and meetings. Evidence of the service encouraging engagement in care and services was found in consumer handbooks and policies.

Management confirmed the governing body promoted a safe and inclusive culture through a schedule of regular meetings with the service to review the quality of care and services. The service reported monthly to the governing body regarding clinical indicators, compliance and workforce planning. Documentation evidenced legislative compliance by the service and actions in response to identified deficiencies.

The service had an established suite of governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Policies, procedures and frameworks were established to support ongoing compliance or respond to deficiencies.

The service used a systematic approach to manage high-impact and high-prevalence risks, so as to identify, report, escalate and review risks and incidents to improve care delivery. Management and staff were knowledgeable of practices to manage prevalent risk of falls, weight loss and pressure injuries, and processes to report serious incidents. A risk management framework evidenced policies supporting risk identification and response.

The service evidenced a clinical governance framework of policies and procedures detailing antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. An infection prevention control lead provided antimicrobial stewardship education to staff, and staff could describe restrictive practices and open disclosure principles.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)